

# Special Needs Assistance for Seniors Request form

Alberta Seniors and Housing  
Special Needs Assistance  
PO Box 3100  
Edmonton, AB T5J 4W3

Please refer to the Special Needs Assistance for Seniors information booklet to see if you are eligible to submit a request. If you are a senior couple (married, common-law, or adult interdependent relationship) ensure your spouse/partner completes the appropriate parts of the request form.

**Please print your information in the boxes below**

## Section 1 — Personal information

### Applicant

Personal Health Number

Last name

First name

### Spouse/partner (if applicable)

Personal Health Number

Last name

First name

### Mailing address

Unit number

Street address/  
PO Box/RR number

City

Province

Postal code

Phone number

## Section 2 — Assistance required

Refer to Information Booklet pages 5 to 9 for a list of the special needs considered under the program. Please send the necessary estimates/receipts/information for an expense to be considered.

Item	Amount
1.	\$
2.	\$
3.	\$

## Section 3 — Authorization

I authorize Special Needs Assistance for Seniors to contact the following person and collect, use or disclose my personal information for the purpose of processing this request:

Name

Relationship

Phone number

## Section 4 — Signature

Both you and your spouse must sign here for this request to be accepted. By signing this request form you are agreeing to provide any information needed to assess your request and agreeing to provide an accounting of how any assistance received from the program has been used.

Signature of applicant

Signature of spouse/partner (if applicable)

Date

### Collection of personal information

For further information about the collection of your personal information, please refer to page 11 of the Special Needs Assistance for Seniors information booklet.